Address! to:

15540-019001

## Request Application! Number 10/743,345 For Filing! Date Decemberl 23,12003 Continued! Examination! (RCE) First Named Inventor Peter! Wiedemuth! et! al. Transmittal Group! Art! Unit 2838 Mail!Stop! RCE Conf! No. 4711 Commissioner for Patents P.O.!Box!1450 Examiner! Name Daniel!J.!Cavallari Alexandria,!VA!22313-1450

Attorney! Docket! Number

This is al Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the labove-identified application.

1995_toftolany/design/application.!/Seel Instruction/Sheet/forfRCEs/(not/to/belsubmitted/to/the/USPTO)/on/page/2.								
Ξ								
1.	Submission/required/under/37 C.F.R.I§1.114 Note: lift the RCEI is proper, lany, previously filed: unentered amendments land amendments enclosed with the RCEI will be lentered in the lorder in which they were filed unless applicant instructs otherwise. If it applicant does not wish to havel any previously filed unentered amendment(s) entered Japplicant must request non-entry off such amendment(s).							
	a. Previously submitted. If alfinal Officel action is doutstanding. I any amendment filed after the final Officel action i may be considered as it a submission it event if this box is not checked.							
	i. Considert the larguments! in the Appeal Brieft of Reply Brieft previously filed on							
	ii.							
	b. 🛮 Enclosed							
	i. 🛮 Amendment/Reply	iii.	$\boxtimes$	Information! Disclosure! Statement (IDS)				
	<li>ii.  Affidavit(s)/Declaration(s)</li>	iv.		Otherf				
2.	Miscellaneous  a. ☐ Suspensiont off action on the labove-identified application list requested under 137 C.F.R.I § 1.103 (c) I fortal period off / months.!! (Period off suspension I shall not exceed 3 months:! Feel under 137 C.F.R.I § 1.17 (i)! required)  b. ☐ Other							
3.	Fee TheRCEIred under137 C.F.R.I.§1.17(e)tist required byt37 C.F.R.I.§1.114Iwhent theIRCEIrist filed. a.							
	i. ☑ RCElfeelrequired!underl37 CFR1.17(e)							
	ii. 🔲 Extension!of!time!fee!(37 CFR!1.136!and!1.17)							
	iii.  Other! Anyldeficiencies							
	b. Check! in! the! amount! of! \$! enclosed							
	c. Payment by! credit card! (Form! PTO-2038! enclosed)							

SIGNATURE:OF:APPLICANT,IATTORNEY!OR!AGENT!REQUIRED							
Name!(Print/Type)	Diana! DiBerardino	Registration! No.! (Attorney/Agent)		45,653			
Signature	/Dianal DiBerardino/	Date June! 18,! 2007					